



City of Annapolis

DEPARTMENT OF NEIGHBORHOOD & ENVIRONMENTAL PROGRAMS

160 Duke of Gloucester Street, Room 202, Annapolis, Maryland 21401

Annapolis 410-263-7946 • FAX 410-263-9158 • TDD 410-263-7943 • www.annapolis.gov

**Stormwater Management Credit Application
For
Commercial, Industrial, and Exempt Properties**

Please fill out this form and mail to: Department of Neighborhood and Environmental Programs, 160 Duke of Gloucester St., Annapolis, MD 21401.

Note: Submitting this application gives permission for an inspector to visit your property for verification purposes.

Date (dd/mm/yy):	Company Name and Facility Address:
Name of Contact(s):	
Mailing Address:	City, State, Zip Code:
Phone Number:	Email Address:

Property Tax ID #: _____ **Size of Lot (ft²):** _____

Size of Impervious Surface (ft²): _____

Date of Installation of Stormwater Management Facility (mm/dd/yy): _____

Type of Stormwater Management Facility constructed and installed according to Maryland State requirements for stormwater management (check all that apply):

Indicate the total capacity volume of each Stormwater Management Facility in the spaces provided

- | | |
|--|--|
| <input type="checkbox"/> Micropool Extended Detention (ED) _____ | <input type="checkbox"/> Infiltration Basin _____ |
| <input type="checkbox"/> Wet Pond _____ | <input type="checkbox"/> Surface Sand Filter _____ |
| <input type="checkbox"/> Wet ED Pond _____ | <input type="checkbox"/> Underground Sand Filter _____ |
| <input type="checkbox"/> Multiple Pond _____ | <input type="checkbox"/> Perimeter Sand Filter _____ |
| <input type="checkbox"/> Pocket Pond _____ | <input type="checkbox"/> Organic Filter _____ |
| <input type="checkbox"/> Shallow Wetland _____ | <input type="checkbox"/> Pocket Sand Filter _____ |
| <input type="checkbox"/> ED Wetland _____ | <input type="checkbox"/> Bioretention _____ |
| <input type="checkbox"/> Pond/Wetland _____ | <input type="checkbox"/> Dry Swale _____ |
| <input type="checkbox"/> Pocket Wetland _____ | <input type="checkbox"/> Wet Swale _____ |
| <input type="checkbox"/> Infiltration Trench _____ | <input type="checkbox"/> Other (specify): _____ |

Office Use Only:

Inspector: _____

MIT Approved Imp. Sfc. (ft²): _____

Date of Inspection (mm/dd/yy): ____/____/____

Approved (circle one): Yes
No

Submittal Requirements for Commercial Stormwater Management Credit Application

- 1) Turn in completed application form.
 - a. For definitions of the Best Management Practices (BMPs), visit:
<http://www.mde.state.md.us/programs/Water/StormwaterManagementProgram/MarylandStormwaterDesignManual/Documents/www.mde.state.md.us/assets/document/sedimentstormwater/Glossary.pdf>
- 2) Site Plan showing property lines and location of stormwater management device.
- 3) A copy of the Stormwater Management Facility Maintenance Agreement and supporting documentation detailing the maintenance, repair, and improvement history. If you do not have a maintenance agreement or can not find one, contact Annapolis Department of Neighborhood and Environmental Programs at (410) 263-7946.
- 4) For multiple owners who share responsibility of a stormwater management facility, a copy of any legal documents describing the legal arrangements for ownership and maintenance of the facility.
- 5) Schedule a site visit which will be performed to verify your application. A City staff member will contact you when we are in receipt of your application.

Note: This credit expires after two years and can be renewed upon submission of updated documentation.

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachment, and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe the submitted information is true, accurate, and complete.

Owner or Applicant (Print) _____

Signature _____

Date (mm/dd/yy): _____